HealthWest Partnership's response to the Senate Committees on Community Affairs: Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report – *Closing the gap within a generation*

Prepared September 2012

1.0 Context

HealthWest Partnership is a strategic alliance comprising 28 health and community services and local government authorities that work together to support and improve the planning, coordination and delivery of health and community services across Melbourne's western suburbs. HealthWest has a key role in population health strategy and planning and integrated health promotion and prevention. The HealthWest catchment includes Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham local government areas (LGAs). See Appendix A for list of HealthWest members.

HealthWest Partnership is primarily funded by the Victorian Department of Health.

The World Health Organisation identifies that 'promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked'[1]. Our submission is underpinned by an understanding that all people have a fundamental right to the highest attainable standard of health and wellbeing, and that as a signatory to the *United Nations International Covenant on Economic, Social and Cultural Rights*, Australia has obligations to ensure that rights in relation to related determinants of health are respected, protected, promoted and fulfilled through all necessary means.

2.0 Social determinants of health in Melbourne's west

The western metropolitan region of Melbourne is an area of diverse demographics, incorporating inner-city areas that are gentrifying, long established middle-suburban areas of entrenched disadvantage and rapid growth in outer suburban areas. Wyndham and Melton are the fastest growing LGAs in Australia. Additionally, the region is characterised by:

- Low Socio-Economic Indexes for Area (SEIFA) rankings with Brimbank and Maribyrnong ranked 2nd and 3rd most disadvantaged LGAs in Melbourne Statistical Division based on the 2006 SEIFA Index of Disadvantage. Hobsons Bay is ranked 9th, Melton 10th, and Wyndham ranked 14th.

- Lower individual income (Brimbank, Melton, Maribyrnong and Wyndham) when compared with Victorian and metropolitan Melbourne averages.
- Higher proportion of welfare dependent and other low income families (Brimbank, Maribyrnong, Melton and Wyndham) than Victorian and metropolitan averages.
- Higher unemployment rate across all LGAs when compared with Victorian average.
- Higher rate of teenage pregnancies (Maribyrnong, Melton and Wyndham) when compared with the Victorian rate.
- Higher than average proportion of low birth weight babies in all LGAs when compared with metro Melbourne and Victorian averages.
- Cultural diversity, with a number of new and emerging communities and large numbers of people arriving on humanitarian visas.

This diversity of economic and demographics statistics, and the geographic spread of the population, means that many of the social determinants of health affect communities in different ways. The two case studies below give a snapshot of the way a variety of social determinants of health impact on communities in the west.

The life of a female living in Melton

I have a higher risk of low birth weight and my mother is more likely to be in her teenage years than compared with the average Victorian baby. I am very unlikely to be exclusively breastfed at 6 months of age, with only 17% of children falling into this category (compared with Victorian average of 37%).

There is a 50% chance that I won't be attending a maternal and child health centre at 3½ years of age. I am less likely to attend kindergarten than the average Victorian child.

My family is in the 15% of families in Melton who are welfare dependent and in the 25% who experience housing stress.

I live in an increasingly culturally and linguistically diverse community. My community was the second fastest growing local government areas in Australia in 2010-11.

For every year of my schooling, I am absent from school for an above state average number of days. If I leave school early, I am likely to be in the 20% of people not engaged at all in work or study. If I do continue my schooling, my highest qualification is likely to be Year 12 or equivalent, and as a woman living in Melton, I have less than 14% chance of attaining a Bachelor degree.

I experience transport limitations and am very unlikely to use public or active transport to travel to work, study, training and other activities.

Unemployment rates in my community (8.7%) are above the state average of 5%.

My risk of experiencing family violence is 4 times greater than males in Melton due to gender inequities. Family violence is likely to be the greatest risk factor that contributes to my disease burden when I'm aged 15-44 years. I am twice as likely as males in Melton to experience mood affective problems.

I am more at risk of running out of food and not being able to buy more compared with others in the Victoria. As a woman, my risk is higher than that of males in Melton.

There is a 50% chance I am not involved in organized groups in my community.

My chance of being a smoker is higher than average, with 24% of residents smoking.

I am in the 25% of residents who rate their health as fair or poor.

The life of a male living in Brimbank

I am born into a family experiencing inter-generational poverty, in a community experiencing entrenched disadvantage, and in a municipality that is the second most disadvantaged in Melbourne.

My parents are in the 40% of residents who were born overseas in a country where English is not a first language.

I have less than a 50% chance of being 'on track' for Australian Early Development Index domains. There is a 3 in 5 chance that I won't attend the 3½ year key age and stage visit at a maternal and child health centre.

I may be in the 14% of males with the highest schooling achieved as year 10 or the 10% of males with a highest schooling of year 8.

I may be one of over 4000 humanitarian entrants who settled in Brimbank between 2001-2011, most likely from Sudan or Burma. As a result, I may have experienced torture and trauma in my country of origin and will have unique and greater health requirements such as treatment for tuberculosis, HIV, depression and high psychological distress. Racism, discrimination, challenges of settling in a new and foreign country, and barriers to accessing health and social services are likely to also impact on my health and wellbeing.

I have a 1 in 10 chance of being unemployed, with unemployment rates in Brimbank almost double the Victoria average. If I do work, I am most likely to work in manufacturing and suffer anxiety about my job security.

I lose $1,004 on average per year gambling on the pokies, compared with the Melbourne average loss of $613/annum.

Median house prices have increased by over 60% since 2006, reducing my chance of home ownership and housing security.

I have a high risk of type 2 diabetes, with 15 people diagnosed in Brimbank each week, and 6.1% of residents with diabetes.

I may be in the 17% of residents with high or very high psychological distress, however the chances that I seek professional help for a mental health problem are lower than the average Victorian.

Data Sources:

- *2011 Census of Population and Housing, Australian Bureau of Statistics 2012;*
- *Regional Population Growth 2010-11, Australian Bureau of Statistics;*
- *Victorian Population Health Survey 2009;*
- *Social Health Atlas of Victorian Local Government Areas, 2011;*
- *Early Childhood Community Profiles and Adolescents Community Profiles, Department of Education and Early Childhood Development (DEECD), 2010;*
- *Australian Early Development Index, 2011 (accessed through Community Indicators Victoria)*
- *Maternal and Child Health Annual Report, 2010-11 (accessed through Community Indicators Victoria)*
- *Community Indicators Victoria Survey, 2007*
- *2003 Victorian Longitudinal Community Attitudes Survey, Department of Justice, 2004*
- *Victorian Commission for Gambling and Liquor Regulation, 2012*
- *Indicators of Community Strength at the LGA Level in Victoria 2008 Report. Department of Planning & Community Development, 2010*
- *Department of Immigration and Citizenship, 2011*
- *Diabetes Australia Victoria, 2011*

3.0 Current challenges in the adoption of a social determinants of health approach

The Australian Government's endorsement of the recommendations contained in Annex A of the *Closing the Gap in a Generation* report provides an opportunity to support all levels of government, as well as organisations dedicated to promoting health and wellbeing, to work within a social determinants of health framework.

HealthWest Partnership acknowledges the large scale public health and wellbeing interventions that the Australian government has undertaken that aim to improve the social determinants of health, by targeting policy reform and supportive social environments that improve health. Reforms such as the National Disability Insurance Scheme and plain packaging of cigarettes legislation will have wide ranging impacts on the health of Australians, and we congratulate the boldness of the Australian government in driving these initiatives.

However, there are a number of challenges in the current policy and programmatic environment that limit both the ability of all tiers of government and organisations to work within a social determinants of health framework. This poses a risk that the Australian government will embrace the recommendations in the *Close the Gap in a Generation* report in principle, yet fail to implement these effectively due to the following reason.

In our response, we have incorporated our perspective on the extent to which the Commonwealth government is adopting a social determinants of health approach as per the terms of reference for responses to the Senate Committee. Case studies have been included to highlight how action on social determinants of health can be enabled and improved by the Commonwealth government.

3.1 Commonwealth policy is fragmented in its approach to addressing social determinants of health

Social determinants of health operate in a complex, interlinked and dynamic environment, as illustrated by the case studies in Sections 2.1 and 2.2. Whilst the Close the Gap and Social Inclusion Agenda initiatives are excellent examples of Commonwealth government policies that do focus on social determinants of health, there are few whole of population initiatives that adopt a social determinants approach, and there is a lack of cohesion and coordination in Commonwealth policies to address social determinants of health.

The Commonwealth government needs to conceptualise social determinants as complex and interlinked that require an aligned commitment across all its policy areas.

The recently released National Food Plan green paper is an example of the fragmented approach to social determinants of health that is evident in Australian government policy. Access to nutritious food and food security is a key determinant of health outcomes, yet the green paper fails to comprehensively outline a whole of system approach to food which incorporates social determinants of health. For example, the green paper states income support as the main role the Australian Government performs in preventing individual food insecurity and the strategies, policies and programs stated in response to ensuring safe and nutritious foods are predominantly focused on influencing the individual behavior of Australians. We believe a whole of government commitment to address social determinants would result in a National Food Plan that provides leadership and vision for a food system that ensures safe and nutritious foods are available to all Australians, even if the interventions are the responsibility of state and local governments.

It was promising to see the National Primary Health Care Strategic Directions Framework include potential actions to address the social determinants of health. However, many of the current approaches at the Commonwealth level attempt to address social determinants in isolation and through an individual behaviour change focus, such as through social marketing campaigns. This is discussed more in Section 3.2. Social determinants needs to be considered as complex and interlinked, so that policy goes beyond rhetoric and includes strategies that are pitched at changing these determinants, rather than focusing individual behaviour change.

We want to bring attention to the fragmentation in action on social determinants occurring across levels of government, causing misalignment and governments working at cross purposes. The recent cuts to the Tertiary and Further Education (TAFE) sector highlight the misalignment of action, where the Australian government signed an agreement with State governments to reform and improve the TAFE sector[2], while the Baillieu government in Victoria decreased funding in this sector by $300 million.

A further example is the recent Victorian government funding cuts of more than $10 million from the state's primary prevention funding, with significant impacts on the community health and women's health sectors[3]. This reduction in prevention funding illustrates the emphasis within the health agenda of both state and federal government on treating the sick, rather than keeping people healthy. Funding cuts impact on the ability of stakeholders focused on addressing social determinants of health, such as local governments and community and women's health agencies, to prevent illness before it occurs.

The recent report produced by Catholic Health Australia (CHA) in partnership with the National Centre for Social and Economic Modelling (NATSEM) outlined the economic savings that could be achieved in Australia if the Commonwealth government adopted the WHO recommendations in addressing social determinants of health[4]. Conversely, budget cuts to the primary prevention programs increase pressure on the delivery of health services in the long term.

While acknowledging the different responsibilities across each level of government and that State funding lies outside the influence of the Australian government, HealthWest Partnership remains concerned at the misalignment of policy in areas such as health, education, housing and income security. We believe there is a role for the Australian government to set the social determinants agenda and provide leadership on a commitment to addressing social determinants, which can in turn influence State policy, planning and funding.

There is a great deal of scope to focus on integration to maximise existing efforts in this area, through mechanisms such as the federal initiative of Medicare Locals and the existing Primary Care Partnership initiative in Victoria. However, funding arrangements and a lack of cohesion in federal and state government policy leads to lack of clarity about roles and responsibilities in driving action on social determinants of health.

3.2 Commonwealth-funded programs are narrowly focused on individual behaviour change and fail to address social determinants of health

HealthWest considers the establishment of the Australian National Preventative Health Agency (ANPHA) as an important and symbolic step by the Australian government in elevating the priority of prevention within the National Health Reform agenda. However, the programs currently being funded through ANPHA are predominantly focused on individual behaviour change and not on addressing the social determinants of health. There are two key concerns with the current interventions being funded by ANPHA: the limited sustainable impact; and the risk that those populations experiencing the poorest health and the greatest social disadvantage will not benefit from the impacts, which is discussed in Section 3.3.

The ANPHA funded 'Swap it, don't stop it' campaign focuses on obesity and encourages individual behaviour change in healthier eating and increasing physical activity.[5] This campaign attempts to isolate two determinants of obesity in lieu of addressing the complex range of issues that intersect to promote unhealthy lifestyles, such as urban planning, car reliance, access to financial resources, marketing of unhealthy food and physical access to both healthy and unhealthy foods.[6] This example illustrates Commonwealth-funded preventative health programs using a narrowly focus approach targeting individual behaviour change and failing to use comprehensive, aligned and interlinked strategies addressing social determinants of health. Furthermore, there is limited evidence that social marketing campaigns are effective and promote long-term change in individuals.[7]

Preventative health programs such as the national Healthy Communities Initiative (HCI), which was a significant Commonwealth investment ($71.8 million in grants to local governments and not for profit agencies[8]), aim to reduce the prevalence of overweight and obesity by maximising the number of adults engaged in physical activity and healthy eating programs. Programs that are aimed at individual behaviour change work on the assumption that a person's health status is entirely within his or her control. Population health issues such as obesity and chronic disease are caused by a complex range of factors requiring a collective response, including coordination of all government policy areas to create healthy public infrastructure and supportive environments and policies. Based on the experience of funding recipients in the HealthWest catchment, HCI interventions are predominantly focused on individual change which is likely to result in limited impact on health at a population level, particularly when funding is short term in nature, limiting the capacity of the interventions to be embedded and sustained within the health and wellbeing sector. Changes experienced by individuals as a result of these programs are also unlikely to be sustained once the funding is withdrawn, particularly for example, when funding has supported gym programs.

The following two case studies provide examples of types of programs that could be funded through the Commonwealth government that take tangible action to address social determinants of health.

Case study: adapting the HCI program to consider social determinants of health

Through ANPHA, Maribyrnong City Council successfully received a HCI grant of $703,607 to deliver a community-based physical activity and healthy eating initiative from June 2011 to June 2013. During the early stages of program planning, Council recognised the implications and harm of focusing on individual behaviour change, therefore used this opportunity to push the boundaries of traditional programs by focusing on long term, structural and sustainable changes.

Maribyrnong City Council has done this by going beyond traditional behaviour change, which is likely to have limited impact and not be sustained, to a whole of organisational approach that focused on determinants of health. A conceptual framework was created to focus on changing internal Council systems and structures. The framework addresses the key outcomes as required by the funding body; however it focuses on an inter-sectoral approach that aims to achieve a sustainable, integrated catchment wide health promotion effort across all stakeholders who are all working towards long term health and wellbeing. This includes elements such as:

- strengthening community action through supported and empowered partnerships;
- creating supportive environments that encourage healthy living and working conditions, for example building infrastructure and increasing community resources;
- building healthy public policies in community settings as well as contributing to Councils existing and new policies;
- developing the capacity and capability of the local workforce including community leaders (i.e. utilising a train the trainer model);
- undertaking rigorous evaluation, monitoring, research and advocacy work to raise the status of strategic and integrated health promotion.

An important part of this process is reflecting upon the likely sustainability of the project activities beyond the funding period, and also, considering new evidence to guide implementation. With the recent announcement of a 12 month extension to the Initiative, Council will utilise the additional 12 months to focus on strategies that will continue to strengthen and build a coordinated and collaborative approach that will be more sustainable for chronic disease prevention.

Case study: prevention of violence against women through action on gender inequities

Intimate partner violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44.[9] Negative health outcomes of intimate partner violence include depression, anxiety suicide, tobacco and alcohol use, as well as a range of other negative impacts.[10] For the western metropolitan region of Melbourne, violence against women has been a long standing issue of significance. For women in the western region, the risks of violence from their intimate partners are higher than the state average, based on reported incidences.[11]

Preventing Violence Together is an action plan for the prevention of violence against women in the western region of Melbourne, which was collaboratively developed in response to an identified need for an integrated regional plan to address the issue. The vision of *Preventing Violence Together* is to create communities, cultures and organisations in the western region that are non-violent, non-discriminatory, gender equitable and promote respectful relationships. It facilitates a coordinated, action-based approach, with concrete actions designed to embed gender equity as core business within all local government and community health signatory organisations in the west.

3.3 Commonwealth funded programs fail to address health inequities leading to greater health inequalities

There is a need for Commonwealth policy and programs that aim to address social determinants of health to acknowledge health inequities to ensure improvements in health are experienced for those population groups who are most at risk of poor health.

This requires a recognition that the nature of the relationship between social determinants and health can be different for diverse population groups, and this needs to be taken into account when developing initiatives to address social determinants of health.

There is a tendency to also focus only on risk factors and there is a need for preventative health programs to acknowledge and promote protective factors as well as address risk factors. This could be done by incorporating a strengths-based approach which recognises, sustains and builds upon community strengths, and may be a far more effective means of promoting health with some population groups.

The following example outlines how health and social determinants can interact for Aboriginal Australians.

Case study: Social determinants of health and Aboriginal Australians

A criticism of international research involving the social determinants of health is that it has paid little attention to the unique situation of Indigenous peoples in wealthy first world countries, and therefore, it cannot be assumed to represent the situation for Aboriginal Australians. There is a need for further research in this area to be undertaken in Australia and with Aboriginal Australians.[12]

For example, whilst higher educational attainment is typically considered to be linked to good health, the association between schooling and Aboriginal health is more complex and less well understood. Research suggests that participation in mainstream education can have a detrimental impact because of the potential for cultural and linguistic alienation in an environment where Aboriginal people are usually in the minority.[13] It is the quality and cultural appropriateness of an education which is relevant to the impact of education on health and social outcomes for Aboriginal Australians, not education per se. Further research is needed to ascertain whether higher educational attainment leads to better Aboriginal health. [14]

Many of the factors contributing to the poor health status of Aboriginal Australians stem from colonisation[1516] and these factors require consideration in efforts to improve health and wellbeing e.g. dispossession, family separation/forced removal of Aboriginal children, connection to country/ lack of access to land, race-based discrimination (institutional racism and interpersonal), trans-generational trauma.[1718]

Mainstream population-wide strategies for tobacco cessation, such as restriction of tobacco sales, smoke free legislation, mass media campaigns and tobacco taxation, do not appear to be successful for Aboriginal Australians.[19] Smoking rates in Aboriginal communities in 2004-5 were found to be 51% in males and 49% in females[20] in spite of the range of national smoking cessation initiatives. This highlights the risk that Commonwealth-funded preventative health programs are not reaching those most in need, and this is likely to continue to be the case unless an approach is adopted that ensures programs addressing the social determinants of health are appropriate for diverse communities, not a 'one size fits all' approach.

4.0 Recommendations for increasing adoption of a social determinants of health approach

HealthWest Partnership makes the following recommendations with regard to Australian government action that adopts a social determinants of health approach.

4.1 Endorse the recommendations made in the WHO report

The current approach to preventing health conditions in Australia – predominantly through a fragmented approach that focuses on individual behaviour change – fails to comprehensively examine and address the social determinants that create poor health.

The recommendations of the WHO report provide a framework for action to address the inequitable distribution of power, money and resources that create poor health outcomes.

Recommendation 1: HealthWest Partnership recommends the Australian government endorse the recommendations outlined in Annex A of the WHO report *Closing the Gap in a Generation*.

4.2 Support endorsement of WHO report with action

Endorsement of the WHO report on its own is not enough to address health inequities in Australia. There needs to be systematic, collaborative, whole-of-government action to address the social determinants of poor health. The South Australian government's *Health in All Policies*[21] approach provides a positive example of how whole-of-government alignment could work to influence health outcomes, and the development of the Federal Government's Human Rights Framework provides a vehicle through which explicit action to respect, protect, promote and fulfil human rights to health, housing, education, participation, safety and other determinants could be undertaken.

Recommendation 2: HealthWest Partnership recommends that endorsement of the WHO report recommendations be followed by collaborative, whole-of-government action.

4.3 Australian government provide leadership to influence State policy, planning and funding

A social determinants of health approach requires action from not only the Australian government but State and local governments and other stakeholders. The Australian government has a role in providing leadership on this approach to support action at the State and local levels. This leadership needs to influence State policy, planning and funding which subsequently flows on to creating supportive environments for local government and community health agencies to work at the local level.

Recommendation 3: HealthWest Partnership recommends the Australian government provide leadership for action on social determinants of health to influence State policy, planning and funding.

4.4 Strengthen the 'enabling' environment for action on social determinants of health

The Australian government has a principal role in addressing some of the significant, high-level determinants of health. These include supporting education achievement

through funding reforms, particularly in public schools; creating a more equitable tax system and addressing housing affordability.

HealthWest Partnership notes that the Australian government has recently undertaken two large scale reviews of school funding and the taxation system and urges that the recommendations from these reviews be implemented for enhanced equity.

Recommendations from both the Gonski review of education funding and the Henry review into the tax system will enable many more Australians to increase their access to economic resources and ultimately improve health outcomes.[22] [23] HealthWest Partnership notes the Council of Australian Governments Reform Council's finding that there has been little progress towards outcomes in the *National Housing Affordability Agreement.*[24] HealthWest Partnership urges further action to improve housing affordability as a key determinant of health.

Recommendation 4: HealthWest Partnership recommends the Australian government strengthen the 'enabling' environment for action on social determinants of health through implementing recommendations from the Gonski and Henry reviews, as well as addressing housing affordability.

4.5 Australian National Preventative Health Agency to fund programs that focus on addressing social determinants of health and health inequities

HealthWest Partnership recognises ANPHA as the key agency driving national change in preventative health programs and policy. Recent actions such as the *'Exploring the minimum public interest case for a minimum (floor) price for alcohol'* discussion paper highlight positive movements to addressing determinants of health in a systematic way.

However, despite declarations of intent around driving healthy policy, HealthWest is concerned that in its action ANPHA will primarily focus on social marketing aimed at individual behaviour change. This is demonstrated by ANPHA development of the 'Stop It, Don't Swap It' campaign which aims to prevent obesity and the social marketing elements of the National Tobacco Campaign that focus on encouraging individual smokers to quit.

ANPHA, as a national organisation whose establishment is enshrined in legislation, is in a unique position to address social determinants of health by driving change that promotes health in all areas of government policy and practice and not just in health policy in federal and state departments of health. The role of ANPHA needs to be strengthened to shift focus from social marketing aimed at behaviour change, to one that can create change in all policies. This would require the government to consider the policy domains outside of the health sector that impact on health, for example, housing, transport, education, environment. Alignment of these policy domains would enable intersectoral partnerships in addressing the social determinants of health.

Two case studies are provided in Section 3.2 which provide examples of programs that can address social determinants of health, delivered through local government and community and women's health organisations.

Recommendation 5: HealthWest Partnership recommends that the role of the Australian National Preventative Health Agency be strengthened to focus more on social determinants of health. HealthWest Partnership recommends that Commonwealth funded actions to address social determinants of health recognise: the nature of the relationship between determinants and the health of diverse communities; and the unique experiences, histories, needs and strengths of diverse communities. Furthermore, we recommend efforts to address inequities are developed in light of the evidence on the appropriateness and effectiveness of universal strategies to address inequities.

Appendix A: HealthWest Partnership Members, September 2012

- Arthritis Victoria
- Australian Community Centre for Diabetes
- Australian Multicultural Community Services
- Australian Vietnamese Women's Association
- Baker IDI Heart and Diabetes Institute
- Brimbank City Council
- Brotherhood of St Lawrence
- Carers Victoria
- Djerriwarrh Health Services
- Hobsons Bay City Council
- ISIS Primary Care
- Mecwacare
- Maribyrnong City Council
- North Western Mental Health (Melbourne Health)
- Melton Shire Council
- Mercy Health
- Migrant Resource Centre North West Region
- MIND
- Multiple Sclerosis Australia
- Norwood Association Inc.
- PivotWest
- Royal District Nursing Service
- Western Health
- Western Region Health Centre Ltd
- Western Suburbs Indigenous Gathering Place Association
- Westgate General Practice Network
- Women's Health West
- Wyndham City

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